

**STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF ALCOHOLIC BEVERAGE CONTROL**

**APPLICATION AUTHORIZATION**

I certify that the information in this application is true and correct, that the undersigned possesses the authority to apply for this grant, and that the applicant will comply with all Conditions and Assurances associated with this program.

The undersigned gives authorization to submit the application to the State of New Jersey, Division of Alcoholic Beverage Control for the following subaward project:

**COPS IN SHOPS – FALL INITIATIVE 2016-17**

\_\_\_\_\_  
(Signature of Authorized Official)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name and Title)

\_\_\_\_\_  
(Name of Unit of Government)